



www.suncresthealth.com

Corporate Office
510 Hospital Drive
Suite 100
Madison, TN 37115
615-627-9267
Fax: 615-577-0081

May 11, 2012

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Dear Sir or Ma'am:

Enclosed please find FEC Form 1 Statement of Organization for SunCrest Healthcare, Inc. PAC.

Please contact me at 770-316-3986 or jlittle@suncresthealth.com if you have any questions.

Best regards,

JoAnne K. Little
General Counsel

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12030810454

FEC
FORM 1

STATEMENT OF
ORGANIZATION

RECEIVED
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Office Use Only

1. NAME OF
COMMITTEE (in full)



(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

SunCrest Healthcare, Inc PAC

ADDRESS (number and street)

510 Hospital Drive

Suite 100



(Check if address
is changed)

Madison

TN

37115-

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

Outsourcing@Aristotle.com



(Check if address
is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address
is changed)

2. DATE

05

12

2012

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT



NEW (N)

OR



AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer JoAnne Little

Signature of Treasurer

JoAnne Little

JoAnne K. Little

Date

05

10

2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2009)

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5. TYPE OF COMMITTEE

Candidate Committee:

- (a) ☐ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation

Office Sought:

House

Senate

President

State

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

Party Committee:

- (d) ☐ This committee is a ☐ (National, State or subordinate) committee of the ☐ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) ☒ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
- ☒ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization
- ☐ Membership Organization ☐ Trade Association ☐ Cooperative
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- ☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

- | | | | |
|----|----------------------|---------------|----------------------|
| 1. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 2. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 3. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 4. | <input type="text"/> | FEC ID number | <input type="text"/> |

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Write or Type Committee Name

SunCrest Healthcare, Inc PAC**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

SunCrest Healthcare, Inc.

Mailing Address

510 Hospital Drive

Suite 100

Madison

TN

37115-

CITY

STATE

ZIP CODE

Relationship: ☒ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor**7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.**

Full Name JoAnne Little

Mailing Address

510 Hospital Drive

Suite 100

Madison

TN

37115-5036

Title or Position

CITY

STATE

ZIP CODE

Custodian of Records

Telephone number

615

627

9267

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer JoAnne Little

Mailing Address

510 Hospital Drive

Suite 100

Madison

TN

37115-5036

Title or Position of Treasurer

CITY

STATE

ZIP CODE

Telephone number

615

627

9267

Full Name of
Designated
Agent

Steve Perry

Mailing Address

510 Hospital Drive

Suite 100

Madison

TN

37115-5036

CITY

STATE

ZIP CODE

Title or Position

Designated Agent

Telephone number

615

627

9267

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

First Tennessee Bank

Mailing Address

2315 Gallatin Pike, N.

Madison

TN

37115

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

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Postmarked

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Postmark Illegible

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No Postmark

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Overnight Delivery Service (Specify): *UPS*

Shipping Date

5/11/12

Next Business Day Delivery ☒

☐

Received from House Records & Registration Office

Date of Receipt

☐

Received from Senate Public Records Office

Date of Receipt

☐

Received from Electronic Filing Office

Date of Receipt

☐

Other (Specify):

Date of Receipt or Postmarked

[Signature]
PREPARER

5/14/12
DATE PREPARED

(3/2005)

12030810459